	ics. Yes No	ncome, transactions, or liabilities of a spouse or dependent chives" unless you have first consulted with the Committee on Eth	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
	Yes No 🗸	ttee on Ethics and certain other "excepted trusts" need not be ust benefiting you, your spouse, or dependent child?	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
	TIONS	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER
			If yes, complete and attach Schedule V.
	and the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period? Yes ✓ No □
		if yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	utside Yes ☐ No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No
		If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
	ng in the Yes V No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No more than \$1,000 at the end of the period?
		If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
	in \$350 Yes 🗸 No 🗌	Uid you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	II. you for a speech, appearance, or article in the reporting period? Yes No
	The second secon	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
	erwise Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Indigou or your spouse nave "earned" income (e.g., salaries or fees) or \$200 Yes 🕢 No 🗌
			PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
	more than 30 days late.	Termination Date:	Report → Annual (May 15) ☐ Amendment ☐ Termination
	anyone who files		Status District: 02
	A \$200 penalty shall	Officer Or Employing Office: Employee	Member of the U.S. State: TX House of Representatives
74	"STEPHEN STATE / TO	(Daytime Telephone)	(Full Name)
///	2012 MAY 15 AM 10: 55	202-225-6565	TED POE
	LE IISI ATIVE RESOURCE GENITA	137	
•	DELIVERED	FORM A Page 1 of 8 For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
	HAND		

Yes

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SCHEDULE I - EARNED INCOME

Name TED POE

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
HARRIS COUNTY TEXAS	RETIREMENT PENSION	\$82,153
TEXAS COUNTY AND DISTRICT RETIREMENT SYSTEM	RETIREMENT PENSION	\$57,229
HUMBLE INDEPENDENT SCHOOL DISTRICT	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name TED POE			Page 3 of 8
BLOCK A	вгоск в	вьоск с	BLOCK D	BLOCK E
Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(k)	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all iRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	yeuer ate dax-denerred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	"None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or concessed.	reporting year.
For rental or other real property held for investment, provide a complete address.			S 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.				
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
CONGRESSIONAL FEDERAL	\$50,001 - \$100,000	SGNAGIAID	\$201 - \$1,000	
HARRIS COUNTY FEDERAL CREDIT UNION	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
FRANKLIN FEDERAL TAX FREE INCOME C	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
FRANKLIN HIGH YIELD CLASS C	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
TRANSAMERICA ASSET ALLOCATION	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
IVY FUND ASSET STRATEGY CLASS C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME SP SP SP SP SP SP TEMPLETON GLOBAL BOND FUND AMERIFUNDS GROWTH FUND C AMERIFUNDS NEW WORLD CLASS C IVY FUND ASSET STRATEGY CLASS C REAL ESTATE, DRIFTWOOD TX **ESTATE TRUST** INLAND AMERICAN REAL MFS VALUE CLASS C MONEY MARKET MORGAN KEEGAN GENERAL \$100,001 -\$250,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$1 - \$1,000 \$15,000 Name TED POE None None DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS NONE NONE \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$201 - \$1,000 Page 4 of 8

SCHEDULE IV - TRANSACTIONS

Name TED POE

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transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP /	AMERIFUNDS GROWTH FUND C	q.	A/N	03-11	\$1,001 - \$15,000
SP /	AMERIFUNDS NEW WORLD CLASS C	ס	NA	03-11	\$1,001 - \$15,000
SP N	MFS VALUE CLASS C	ס	N/A	03-11	\$1,001 - \$15,000
SP	MORGAN KEEGAN MONEY MARKET CLASS B	S	N _o	03-11	N/A

SCHEDULE V - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgates on Name TED POE Page 6 of 8

personal residences	esidences.			
SP,		Date		
, ,		Liability		
JT	Creditor	Incurred	Type of Liability	Amount of Liability
TU	US BANK NATIONAL ASSOCIATION	MAR 2010	MORTGA, GE ON 164	\$50,001 - \$100,000
	MORTGAGE		EMERALD POINT,	
_		_	DRIFTWOOD, TX	_
				1

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Name TED POE Page 7 of 8

sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under

the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.	totally independer	nt of his or her relationship to you.				
Source	Date(s)	Point of Departure DestinationPoint of Return	(Y/N) Cedging?	Food? (Y/N)	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
TURQUOISE COUNCIL OF AMERICANS AND EURASIANS	APRIL 22- 28	HOUSTON-ISTANBUL- HOUSTON	~	~	Y	NONE
COLORADO ORGANIZATION FOR	OCT. 17- 18	HOUSTON-KEYSTONE, CO- HOUSTON	~	~	Z	NONE
VICTIM'S ASSISTANCE	_	_		_		

SCHEDULE VIII - POSITIONS

Name TED POE

Page 8 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	JUSTICE FOR CHILDREN
BOARD MEMBER	HUMBLE INDEPENDENT SCHOOL DISTRICT FOUNDATION
BOARD MEMBER	CHILDREN'S ASSESSMENT CENTER
ADVISORY BOARD MEMBER	ARCHER CENTER FELLOWSHIP PROGRAM